MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
10737393	8 16 03

APPLICANT(S)

CLAIMS

#	AS FILED IND	AS FILED DEP	AFTER 1ST AMENDMENT IND	AFTER 1ST AMENDMENT DEP	AFTER 2ND AMENDMENT IND	AFTER 2ND AMENDMENT DEP	#	IND	DEP	IND	DEP	IND	DEP
1	1						51						
2		1					52						
3		2					53						
4		2					54						
5	1						55						
6		1					56						
7	1						57						
8		1					58						
9		1					59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
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24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
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32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	8						TOTAL DEP.						
TOTAL CLAIMS	11						TOTAL CLAIMS	1					